



Request for an Accounting of Disclosures of Protected Health Information

Requester Information

Name _____

Mailing Address _____

Phone (Home) _____ (Work) _____

If you are not the patient, your relationship to the patient _____

Patient Information

Patient Name (if different) _____

Patient Date of Birth _____ Patient Social Security # _____

Dates Requested

I would like an accounting of disclosures for the following time frame. *(Please note: the maximum time frame that can be requested is six years prior to the date of your request, but not before 4/14/2003.)*

From _____ To _____

Fees

There is no charge for the first request for an accounting in a 12 month period. For additional requests in the same 12 month period the charge is \$10. I understand that there is (check one):

_____ No fee for this request, as this is my first request in the past 12 months.

_____ A fee for this request in the amount of \$10 because this is not my first request in the past 12 months, and I wish to proceed.

Response Time

I understand that the accounting I have requested will be provided to me within 60 days, unless I am notified in writing that an extension of up to 30 additional days will be needed.

Signature of Patient or Legal Representative

Date